

# LAW ENFORCEMENT PERSONNEL DEPENDENTS (LEPD) GRANT PROGRAM 2001-2002 APPLICATION

## SECTION I: STUDENT INFORMATION (Please print or type)

Last Name	First Name	Middle Initial	Social Security Number	
Street Address		City	State	Zip Code
Date of Birth	Gender (1) Male (2) Female		Telephone Number ( )	

## SECTION II: SCHOOL INFORMATION (Please print or type)

Name of the institution you will attend during 2001-2002: _____	The number of units you have completed to date: _____ <input type="checkbox"/> Semester <b>OR</b> <input type="checkbox"/> Quarter Units
Please indicate your college educational level for the 2001-2002 academic year: <input type="checkbox"/> (1) Freshman <input type="checkbox"/> (2) Sophomore <input type="checkbox"/> (3) Junior <input type="checkbox"/> (4) Senior/continuing undergraduate <input type="checkbox"/> (5) 5th year undergraduate <input type="checkbox"/> (6) Graduate or professional	Please indicate below the number of units you plan to enroll in for each term during the 2001-2002 academic year: Fall term _____ Winter term _____ Spring term _____
Your living arrangements for the 2001-2002 academic year: <input type="checkbox"/> (1) with parents <input type="checkbox"/> (2) in on campus housing <input type="checkbox"/> (3) in off campus housing <input type="checkbox"/> (4) with relatives	

## SECTION III LAW ENFORCEMENT, FIRE FIGHTER, PUBLIC OFFICIAL'S INFORMATION (Please print or type)

Last Name	First Name	Middle Initial	Social Security Number
Date of death/disability	Employer at the time death/disability	Position /title held	

**By my signature, I understand and agree that:**

**In addition to this application, the following items must be submitted:**

1. A copy of your birth certificate (not required for spouse).
2. A copy of your 2001-2002 Student Aid Report (SAR).
3. (a) For a dependent or spouse of: Peace and law enforcement officers: the death certificate of your parent or spouse and the coroner's report (if appropriate), police report, and any other documentation that shows evidence that the death or total disability was caused by external violence or physical force incurred in the line of duty.  
 (b) Officers and employees of the Department of Corrections or the Department of Youth Authority: the death certificate of the parent or spouse, the coroner's report (if appropriate), and documentation that shows that the death, accident or injury was caused by the direct action of an inmate.  
 (c) Firefighters: the death certificate of the parent or spouse, the coroner's report (if appropriate) and documentation that shows that the death or total disability was the result of an accident or injury incurred in the performance of duty.
4. A copy of the findings of the Workers' Compensation Appeals Board or other evidence that the fatality or disabling accident or injury was compensable under Division 4 or 4.5 (commencing with section 6100) of the Labor Code.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the grant amount received with interest and additional penalties under Federal or California State Law. I am free of any obligation to repay any state or federal educational grant and I am not in default on any state or federally insured educational loan. I authorize the California Student Aid Commission (Commission) to receive and to release my student records, information regarding this application, and other information I have provided concerning my application and scholarship between institutions and appropriate public and private agencies.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Return this application and required documentation to:  
California Student Aid Commission  
Specialized Programs  
P.O. Box 419029  
Rancho Cordova, CA 95741-9029**



**STATE OF CALIFORNIA INFORMATION PRACTICES ACT OF 1977  
& USE OF YOUR SOCIAL SECURITY NUMBER**

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to themselves. The officials responsible for maintaining the information contained on this form are the Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The social security number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.